State of Tennessee Department of Environment and Conservation DIVISION OF WATER POLLUTION CONTROL 401 Church Street - L&C Annex - Sixth Floor Nashville, Tennessee 37243-1534

APPLICATION FOR STATE OPERATION PERMIT

| To Operate a Sew subsurface waters | | or Other Waste Treatm | ent System that does not discharge to any surface or | | | |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------|--|--|--|
| | In accordance with the provisions of Tennessee Code Annotated Section 69-3-108 and Regulations of the Tennessee Water Quality Control Board, application is hereby made by: | | | | | |
| | Name of C | ity, Town, Industry, Co | rporation, Individual, Etc. | | | |
| of | | in | | | | |
| Name of | Municipality | | Name of County | | | |
| Mailing Address: | P.O. Box | Street | | | | |
| | City | | ZipCode | | | |
| Located at | | | | | | |
| | | Location of F | acility | | | |
| Latitude | tudeLongitude | | tude | | | |
| adjacent to | | | | | | |
| | Name of N | earest Stream of Tribut | ary (including mile point) | | | |
| | | Distance of Stream | from facility | | | |
| If additional inforr | nation is required or v | when a field visit is mad | de contact the following official: | | | |
| Name | | Title | Phone | | | |
| Previous State of | Federal Water Quality | Permits | | | | |
| | | | Number | | | |
| Current State or F | ederal Water Quality I | Permits | | | | |
| | | | Number | | | |
| Other State or Fed | leral Permits (e.g. APC | C, SWM) | Number | | | |
| | | | | | | |
| Date | | Signed | City, Corporation, or Other | | | |
| | ı | Зу | | | | |
| | | Official Direct | ly Responsible | | | |
| | | | Title | | | |

FILE THIS FORM IN DUPLICATE

WATER SUPPLY

| 1. | SOURC | <u>E</u> | <u>LOCATION</u> | VOLUME (MGD) |
|----|--------------|-----------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------|
| | A. | Public Water Supply | | |
| | В. | Surface Water (stream mile) Groundwater (well, spring) | | |
| | C. | | | |
| | D. | Other | | |
| | | | | Total |
| | | | | GENE |
| 2. | stream or co | ntaminated the groundwat | Is kept on the premises which could, vier. , please complete the following: | a spillage, reach a surface |
| 3. | Domest | ic wastewater is discharge | to: | |
| | a) | Septic tank(s) and tile fie | lds | |
| | b) | Package plant | | |
| | c) | Public sanitary sewerage | e system (Specify) | |
| | d) | Other (Specify) | | |
| | | | | |

Please attach any necessary additional information. (Drawings, diagrams, additional pages, etc.)

| 1. | Products(s) and/or Process(es) | | | | | | | |
|------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|--|--|--|--|--|
| 2. | Generally describe the process(es) from which wastewater is discharged/used. | | | | | | | |
| | | | | | | | | |
| 3. | Total employed | | | | | | | |
| | | WASTE FLOW | | | | | | |
| 4. | For each waste stream entering the treatment system, indicate: | | | | | | | |
| | A) Type of Wastewater (sanitary, cooling water, process water, other) | | | | | | | |
| | B) | Wastewater characteristics (e.g.: BOD ₅ , Metals, pH, solids, ammonia, etc.) | | | | | | |
| | C) | Toxic substances present | | | | | | |
| | D) | Flow or amount of waste handled | | | | | | |
| WASTE | | Α | | | | | | |
| FLOW #1 | | В | | | | | | |
| | | c | | | | | | |
| | | D | | | | | | |
| WASTE | | Α | | | | | | |
| FLOW #2 | | В | | | | | | |
| | | c | | | | | | |
| | | D | | | | | | |
| If other v | vaste stre | ams are present, please provide the above information on an additional page. | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | -3- | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 5. | Is there | any runoff entering the system? | | | | | | |

| | If yes, what is drainage area? |
|-----|-------------------------------------------------------------------------------------------------------------------------|
| | Possible contaminants |
| | Flow or amount of runoff |
| | TREATMENT SYSTEM |
| 6. | Type of Facility (lagoon holding pond, recycle, tank, pump and haul, sediment basin, spray application, other) |
| 7. | Treatment system operator |
| | Phone number |
| 8. | Is there any possibility of overflow or discharge? |
| | If so, what measures are taken to prevent overflow? |
| 9. | Please provide and attach a diagram of treatment system showing components sizes and influent and effluent location(s). |
| | If spray application, list acreage involved and show gallons/acre applied |
| | If pump and haul, list disposal location and approval documentation |
| | |
| | SLUDGE DISPOSAL |
| 10. | Frequency of disposal |
| 11. | Volume disposed of |
| 12. | Characteristics (include contaminants and moisture content) |
| 13. | Approved ultimate disposal site |
| | Approved distribute disposal site |